

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>Don</i>	<i>32</i>	<i>8/20</i>
FORMALITY REVIEW	<i>T.A.</i>	<i>J.C. Sullivan</i>	<i>08/10/01</i>
RESPONSE FORMALITY REVIEW	<i>AM</i>	<i>917</i>	<i>01-22-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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